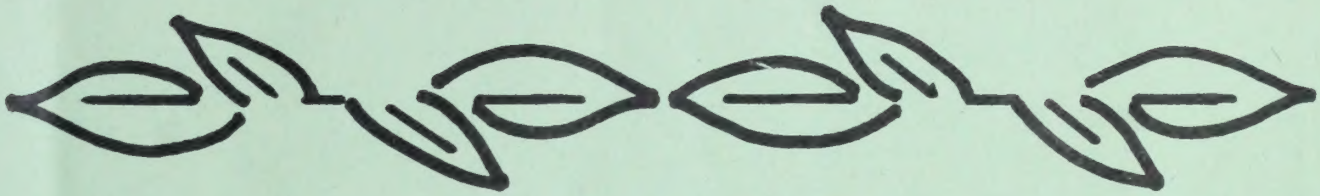
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JUL 20 1984



ANNUAL REPORT
1980

Social Hygiene Services
Sexually Transmitted
Diseases

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH



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ANNUAL REPORT

1980

SOCIAL HYGIENE SERVICES

Dr. B. Romanowski

Director

PROVINCE OF ALBERTA

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OVERVIEW

INTRODUCTION

Social Hygiene Services is the branch of Social Services and Community Health responsible for all aspects of the sexually transmitted disease control program in Alberta. The goal of the service is to provide a comprehensive program for the control of sexually transmitted diseases and therefore provides diagnostic and treatment services through clinics located in Edmonton, Calgary and Lethbridge, epidemiologic services, consultation to physicians, data monitoring, disease surveillance, and public and professional education.

THE DISEASES

Disease surveillance is maintained for the notifiable diseases; gonorrhea, syphilis, lymphogranuloma venereum, granuloma inguinale and chancroid.

The number of cases of and incidence rate for gonorrhea continued to rise in 1980. While the actual cases of reported confirmed gonorrhea rose by 6.7% over 1979, the incidence rate of 547.8 per 100,000 population was only 3.4% higher. The large increase in cases and rate experienced in 1979 may be suggested to reflect program improvements which were sustained throughout 1980 and that this past year's rise represents an actual increase in disease incidence. The fact that Alberta records the highest incidence rates in Canada is the result of a combination of factors including effective programs, efficient recording mechanisms, a proportionally larger number of individuals considered at high risk and a buoyant economic climate with attendant population movement. It is felt that Alberta is one of the few provinces where recorded sexually transmitted disease statistics come close to reflecting actual or true disease incidence.

Although there was a small increase in the number of syphilis cases counted in 1980, the incidence rate was unchanged from those calculated for previous years. The proportion of cases for each of the stages shifted, with late latent cases now comprising one half of the total. The percentage of cases diagnosed in the infectious stages declined by 10% from 1979.

Two cases of lymphogranuloma venereum were diagnosed in Alberta this year. An uncommon disease for this region, both were

infections acquired in endemic areas of the world but diagnosed and treated in Alberta.

Continued surveillance for penicillinase-producing strains of Neisseria gonorrhoeae resulted in the identification and reporting of ten cases. With one exception all were traced to contacts in southeast Asia. The remaining case was acquired in the new endemic focus of Los Angeles.

Although not notifiable diseases, non-gonococcal urethritis and herpes genitalis continue to be diseases of concern for both Social Hygiene Services and the health care community. Local experience would indicate that both their incidence and prevalence is increasing even though provincial data monitoring is not maintained for these diseases.

PROGRAMS

As the number of clients using our clinic services increased, additional nursing staff for the Edmonton and Calgary clinics was hired as well as clerical support staff. The average number of patient visits to the clinics continued to rise and with it the requisite laboratory testing.

In late 1980 the Edmonton and Calgary clinics extended their hours of operation with the initiation of a weekly Tuesday evening clinic. This extension of hours was proposed to make the clinics more accessible to clients and will be evaluated after six months' time.

In October of 1980 Social Hygiene Services held an "STD Retreat". At this two day meeting, attended by all senior staff members, various ideas and issues regarding current program areas and future planning were addressed.

A project was initiated whereby a "mini" public awareness campaign will be developed and should come onstream in 1981. The high-risk group of 15-19 year olds will be targeted through a variety of media approaches.

Recent media attention with regard to herpes genitalis stimulated a large public response. In order to provide the public

with accurate, realistic information about this condition the education office developed a pamphlet entitled Herpes II which has been well received and widely distributed.

The Fort McMurray clinic which operates through the auspices of the Fort McMurray Health Unit was annualized in 1980. After operating as a pilot project for one year, the program was evaluated and will continue to serve the residents of Fort McMurray and area. It has been demonstrated to be a valuable component of the sexually transmitted disease control program in Alberta.

Clinical research projects continued to be carried out through our clinics. The use of topical 2-deoxy-D-glucose in confirmed cases of herpes genitalis was evaluated as well as comparative therapy for non-gonococcal urethritis utilizing tetracycline, erythromycin and minocycline. These studies have only recently been completed and a formal statistical analysis is currently underway.

CASES OF REPORTED CONFIRMED GONORRHEA AND SYPHILIS

TABLE 1

Table 1 indicates the number of cases of gonorrhea and syphilis reported to Social Hygiene Services.

The number of cases of reported confirmed gonorrhea increased by 744 from 1979, an increase of 6.9%. Male cases exceeded female cases by 2573: The male to female ratio being 1.6:1, similar to the sex distribution for the two previous years.

The number of syphilis cases counted in 1980 increased by eight from 1979. The breakdown of stages of disease show that the infectious stages (primary, secondary and early latent) account for 36.5% of the total cases reported. This is a 10% decline from 1979. There was a 31.5% increase in the number of late latent cases documented in 1980 as compared to the previous year and accounted for one half of the total cases counted. No cases of tertiary or late syphilis were diagnosed.

TABLE 1

ALBERTA: 1980

CASES OF REPORTED

CONFIRMED GONORRHEA AND SYPHILIS

BY AGE AND SEX

	<1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age N/S		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
GONORRHEA	1	-	-	10	1	12	10	52	1033	1545	2545	1655	1644	681	1195	340	458	74	46	9	90	73	11,474
LGV*											1				1								2
SYPHILIS (TOTAL)								1	4	-	24	7	25	10	29	15	33	12	14	6	1		181
PRIMARY									1	-	10	4	10	2	9	1	3	1					41
SECONDARY									2	-	5	2	4	-	4	1	1						19
EARLY LATENT													3				2	1					6
LATE LATENT											4	1	6	6	15	10	26	5	14	4	1		92
CONGENITAL																1							1
STAGE UN-DETERMINED								1	1	-	5	-	2	2	1	2	1	5	-	2			22
TOTAL	1	-	-	10	1	12	10	53	1037	1545	2570	1662	1669	691	1225	355	491	86	60	15	91	73	11,657

* LYMPHOGRANULOMA VENEREUM

GONORRHEA MALE 7023
FEMALE 4451

SYPHILIS MALE 130
FEMALE 51

INCIDENCE RATES FOR GONORRHEA AND SYPHILIS

TABLE 2 and 3

The incidence rate for gonorrhea of 547.8 is a small (3.4%) increase over the previous rate of 529.9 maintaining and adding to the large increase experienced in 1979.

The 20-24 age group continues to demonstrate the highest incidence of gonorrhea. 79.3% of gonorrhea reported was attributable to the age group 15-29 years; 59.1% occurred in the 15-24 bracket and the individual age groups 15-19, 20-24 and 25-29 contributed 22.5%, 36.6% and 20.3% respectively to the total infections reported. This distribution is unchanged from 1979.

With the exception of the 15-19 age bracket all other groups maintained similar rates to those of 1979. However the gonorrhea rate for the 15-19 age group increased by more than 7% continuing a trend of recent years. As seen in the past the female rate for this age group exceeded the male rate and was significantly higher than the rate for females age 20-24.

The syphilis rate of 8.6 in 1980 is stable. The male to female ratio increased to 2.6:1, a division similar to recent years. Homosexually acquired infections accounted for 15.5% of all syphilis cases and 33.3% of the three infectious stages. This pattern did not change appreciably from 1979.

TABLE 2

ALBERTA

DISEASE INCIDENCE FOR 1980

EXPRESSED AS A RATE PER 100,000 POPULATION

GONORRHEA

AGE / SEX	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	TOTAL
MALE	4.4	993.3	2181.8	1425.0	753.8	232.4	46.5	658.3
FEMALE	28.8	1558.4	1476.4	645.6	234.2	38.8	7.6	433.1
COMBINED	16.3	1269.1	1836.1	1052.7	505.2	137.3	26.0	547.8

TABLE 3

SYPHILIS

AGE / SEX	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	TOTAL
MALE	-	3.8	20.6	21.7	18.3	16.7	13.3	12.2
FEMALE	0.4	-	6.2	9.5	10.3	6.3	5.1	5.0
COMBINED	0.2	2.0	13.6	15.8	14.5	11.6	9.0	8.6

GONORRHEA NOTIFICATIONS BY REPORTING AGENCY

TABLE 4 and GRAPH 1

Notifications received from physicians accounted for 47% of all reported gonorrhea in 1980. The Social Hygiene clinics reported a combined total of 52% with the remaining 1% attributable to the other reporting agencies. These percentages are similar to those calculated for the previous two years.

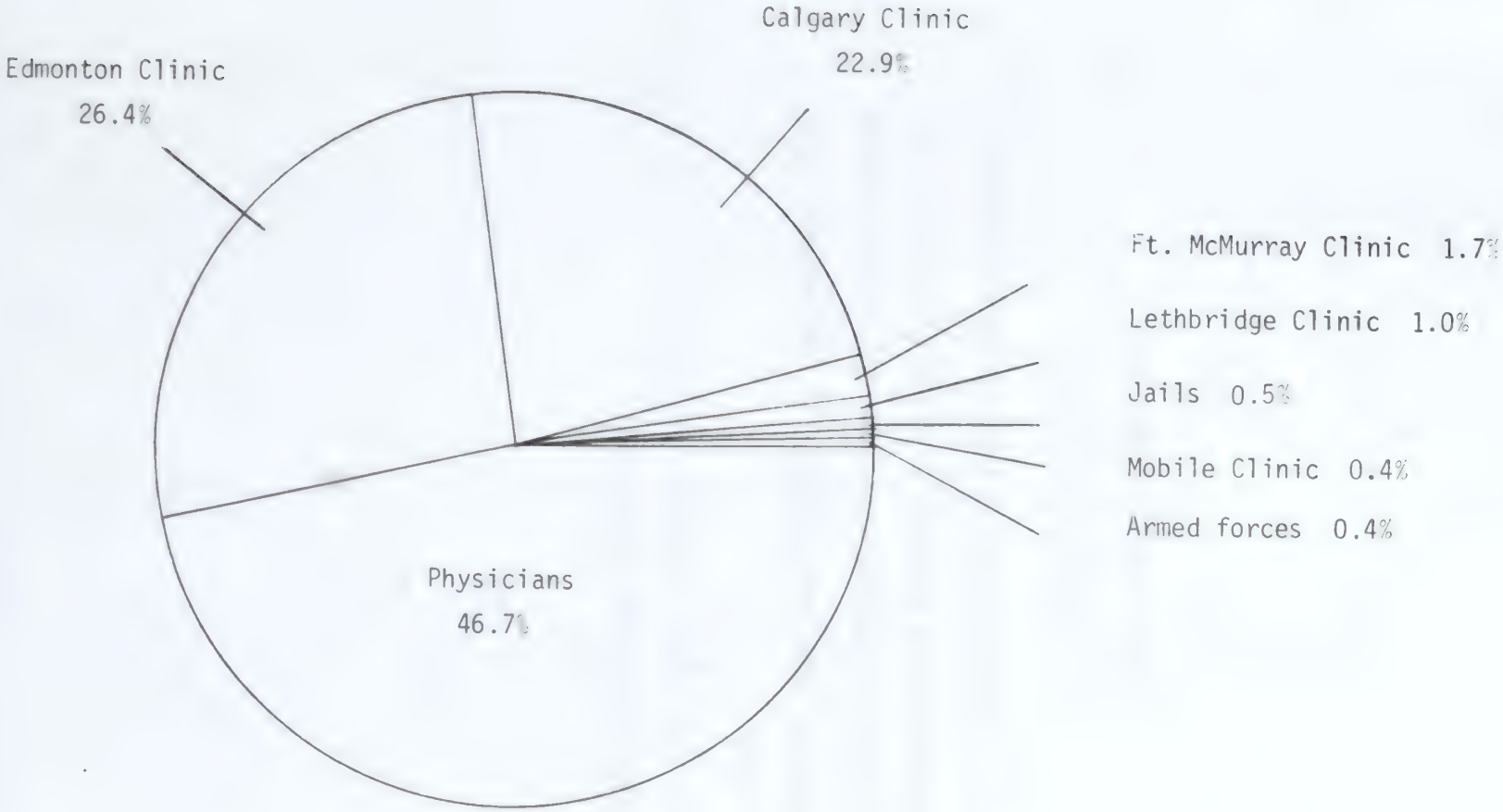
While the total number of cases reported in 1980 increased 6.9% over the 1979 count, the number of cases reported by physicians showed a 15.4% increase and the reported combined clinic cases increased by 2%.

TABLE 4

CASES OF CONFIRMED
GONORRHEA ACCORDING TO REPORTING AGENCY
BY AGE AND SEX

	<1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		AGE N/S		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
PHYSICIANS	1	-	-	8	1	7	5	25	417	846	1001	1031	626	439	383	199	185	49	12	7	80	66	5388
EDMONTON CLINIC							2	7	299	359	709	295	539	122	410	68	171	11	14	-	3	2	3011
CALGARY CLINIC							2	12	262	286	709	279	420	100	345	67	95	12	20	2	1	-	2612
LETHBRIDGE CLINIC									18	20	29	11	15	5	14	4	1						117
FT.McMURRAY CLINIC							1	6	20	19	66	23	23	10	26	-	5	-	-	-	-	1	200
MOBILE CLINIC				2	-	5	-	2	7	6	5	2	7	3	1	2	1	1	-	-	1	1	46
E.R.C.* Ft. SASK. JAIL									7	7	10	10	4	2	8	-	-	1	-	-	1		50
OTHER JAILS									1	-	3	3	1	-	1								9
ARMED FORCES									2	2	13	1	9	-	7	-	-	-	-	-	4	3	41
TOTAL	1	-	-	10	1	12	10	52	1033	1545	2545	1655	1644	681	1195	340	458	74	46	9	90	73	11,474

* Edmonton Remand Centre



PERCENTAGE OF CONFIRMED GONORRHEA

REPORTED BY EACH AGENCY

ALBERTA - 1980

DISEASE TRENDS SINCE 1945

GRAPH 2 and TABLE 5

The graph and accompanying table illustrate disease trends for gonorrhea and syphilis over the past thiry-five years. Following an apparent levelling period from 1974 to 1978 the gonorrhea rate rose markedly in 1979 and has again increased in 1980.

The syphilis rates continue to remain stable and have not risen above 10/100,000 since 1967.

1945 - 1980

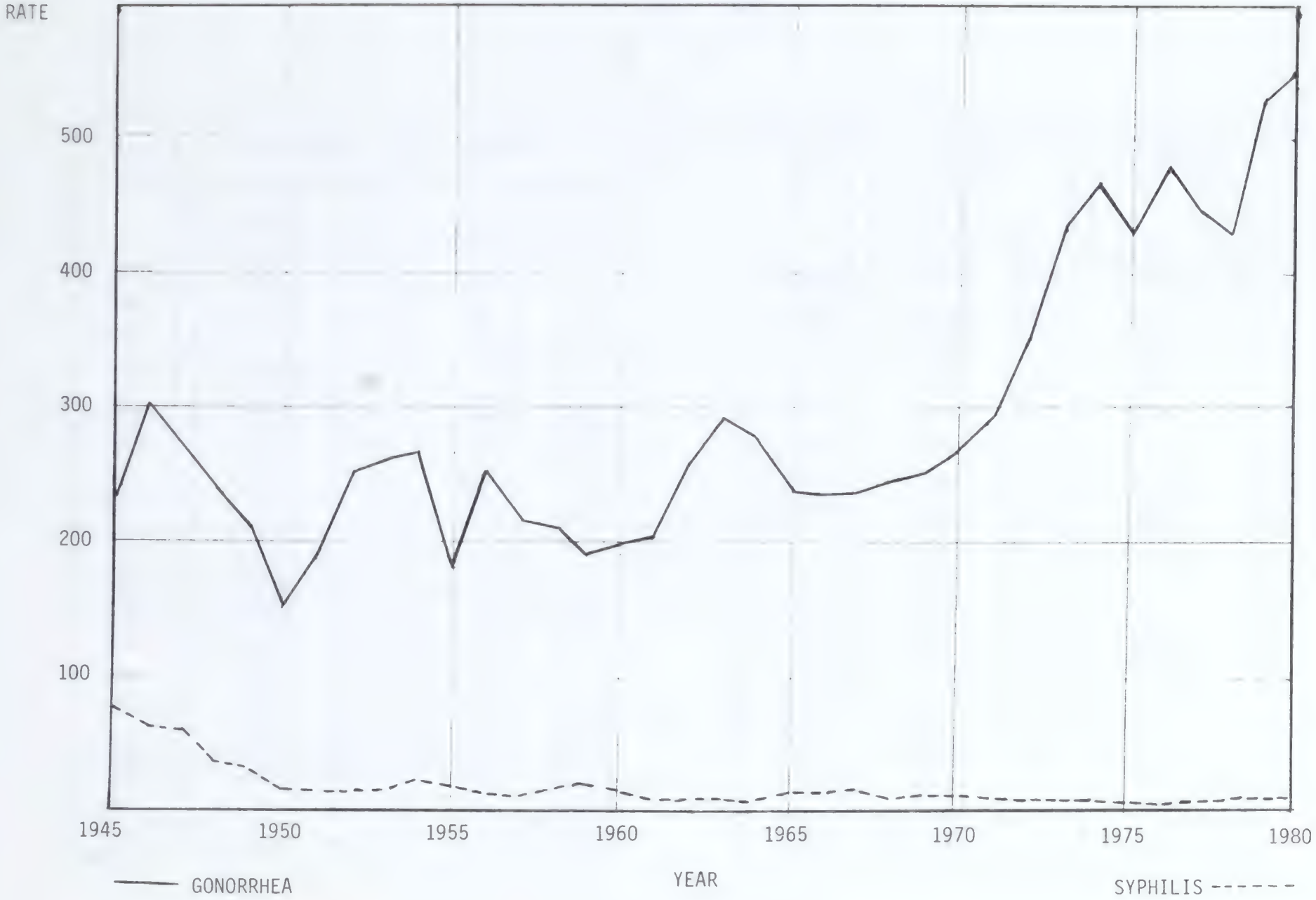

RATE
500
400
300
200
100
1945
1950
1955
1960
1965
1970
1975
1980
YEAR
GONORRHEA
SYPHILIS

TABLE 5

SYPHILIS AND GONORRHEA
CASES AND RATES (PER 100,000 POPULATION)
1945 - 1980

YEAR	GONORRHEA		SYPHILIS	
	CASES	RATES	CASES	RATES
1945	1,881	232.8	599	73.1
1946	2,457	301.7	503	62.6
1947	2,257	273.9	472	59.2
1948	2,032	237.9	319	37.4
1949	1,857	209.8	288	32.5
1950	1,981	152.0	165	18.1
1951	1,777	189.1	157	16.7
1952	2,450	251.8	135	13.9
1953	2,608	257.7	159	15.7
1954	2,819	266.7	212	20.1
1955	2,862	180.1	189	17.3
1956	2,842	253.0	145	12.9
1957	2,499	215.4	112	9.7
1958	2,548	211.3	167	13.8
1959	2,407	192.9	226	18.1
1960	2,560	198.3	186	14.4
1961	2,712	203.6	140	10.5
1962	3,560	260.0	134	9.8
1963	4,106	292.7	155	11.0
1964	3,953	276.7	110	7.7
1965	3,455	238.3	203	14.0
1966	3,447	235.7	208	14.2
1967	3,527	236.7	203	13.6
1968	3,729	244.4	118	7.7
1969	3,967	254.3	133	8.5
1970	4,290	268.1	134	8.0
1971	4,806	294.1	127	7.8
1972	5,842	353.2	143	8.6
1973	7,300	434.5	158	9.2
1974	8,036	466.9	136	7.8
1975	7,341	432.4	121	6.9
1976	8,657	480.3	108	5.6
1977	8,208	446.6	132	7.2
1978	8,451	430.9	165	8.4
1979	10,730	529.9	173	8.5
1980	11,474	547.8	181	8.6

NOTIFICATIONS AND CONTACT INFORMATION

TABLE 6

This table depicts the total number of contacts named by patients utilizing the services of the reporting agencies as well as the number of those that were considered investigable.

The percentage of investigable contacts per the total named was fairly consistent for each of the clinics and the physicians, with the overall being 60.8%. This breakdown corresponds to that tabulated in 1979.

Physicians reported 0.6 contacts per notification while the clinics each reported 1.3 contacts per notification forwarded, indentical to the previous year. Although not reflected in this table a large percent of notifications received from physicians do not list any contact information while all patients reported by the clinics will have been interviewed.

Mobile clinic figures do not appear as most patients are forwarded to physicians for disease confirmation and therefore not interviewed by the mobile investigators.

TABLE 6

ALBERTA: 1980

NUMBER OF CONTACTS NAMED ON

NOTIFICATIONS RECEIVED FOR CONFIRMED

CASES OF GONORRHEA AND SYPHILIS

REPORTING AGENCY	Total Notifications Received	Total Number of Contacts Named on Notifications	Contacts Named with Investigable Information
Physicians	5439	3174	2222
Edmonton Clinic	3077	4075	2177
Calgary Clinic	2669	3360	2037
Lethbridge Clinic	119	158	119
Ft.McMurray Clinic	201	256	152
All Jails	61	49	27
Armed Forces	43	42	26
TOTAL	11657	11116	6762

CONTACT INVESTIGATIONS BY CLINICS

TABLE 7

Investigations carried out by nursing staff in each of the clinics include follow-up of contacts to syphilis and gonorrhea and the location of persons for whom a positive culture or syphilis serology report has been received but no record of treatment is available.

The numbers of investigations and their eventual outcomes changed little from the previous two years. Almost 70% of the investigations carried out resulted in the location and/or treatment of the contact. Investigations of contacts to gonorrhea are closed after 3 months, while investigations of contacts to syphilis remain open for one year.

TABLE 7

NUMBER AND OUTCOME OF CONTACT INVESTIGATIONS *

CARRIED OUT BY SOCIAL HYGIENE CLINICS

1980

CLINIC	Investigations Resulting in location of Contact	Investigations Closed - Contact Unlocated	Investigations Remaining Open	Total Number of Investigations
EDMONTON	2817	904	410	4131
CALGARY	2718	931	440	4089
LETHBRIDGE	116	28	29	173
FT. McMURRAY	256	71	18	345
MOBILE	844	42	124	1010
TOTAL	6751	1976	1021	9748

* Includes investigations carried out as follow-up to positive cultures and serologies.

SOCIAL HYGIENE CLINICS - WORKLOAD

TABLES 8 and 9

In all clinics, new admissions, total visits and laboratory testing increased over 1979. In Edmonton and Calgary, patient clinic visits averaged 325 and 344 per week respectively.

Fort McMurray experienced the largest increase becoming well established in 1979 and operating for its first full year in 1980.

Even though the number of confirmed gonorrhea cases reported by the clinics only increased by 2% laboratory testing for this infection increased by over 8% from 1979.

Culturing for Chlamydia trachomatis, introduced in 1979, continued throughout 1980.

TABLE 8 1980 - SOCIAL HYGIENE CLINIC LABORATORY INVESTIGATIONS

		EDMONTON CLINIC		CALGARY CLINIC		LETHBRIDGE CLINIC		FT. McMURRAY CLINIC	
		Taken	Positive	Taken	Positive	Taken	Positive	Taken	Positive
URETHRAL SMEARS for N. GONORRHOEAE	MALE	3857	1944	2537	1376	168	63	174	112
GONORRHEA CULTURES- MALE	Urethral	6758	505	8709	1448	361	71	550	96
	Rectal	498	63	517	62	9	4	5	0
	Pharyngeal	7195	119	1264	36	265	7	483	7
	TOTAL	14451	687	10490	1546	635	82	1038	103
GONORRHEA CULTURES - FEMALE	Cervix/urethra	5299	979	5456	783	183	35	289	61
	Rectal	28	5	25	3	184	19	1	0
	Pharyngeal	2940	153	1545	75	146	5	192	5
		8267	1137	7026	861	513	59	482	66
CHLAMYDIA CULTURES		4331	707	2462	564	55	10	613	137
DARKFIELD EXAMINATIONS		22	1	22	6	-	-	-	-

TABLE 9

SEROLOGIC TESTS FOR SYPHILIS

PATIENT VISITS TO CLINICS

1980

		EDMONTON CLINIC	CALGARY CLINIC	LETHBRIDGE CLINIC	FT.McMURRAY CLINIC	MOBILE CLINIC
SEROLOGIC TESTS for SYPHILIS	Clinic patients	10169	10863	410	637	204
	Pre-marital	7361	9776	642	1	-
	Pre-employment	622	1	1	11	-
	TOTAL	18,152	20,640	1053	649	204
PATIENT VISITS	New admissions	5610	6402	350	583	
	Total visits	16,884	17,895	748	1,105	289*

* Mobile clinic records visits made to patients by investigators.

EDUCATION ACTIVITIES

TABLE 10

The education office of Social Hygiene Services has resource personnel available for consultation and the delivery of sexually transmitted disease information. The major focus of the program continues to be the 15 to 19 age group which is reached primarily through school presentations.

The number of presentations at the junior high level increased from the previous year and in 1980 actually exceeded the numbers given at the high school level.

In addition several presentations were directed towards a second focus group of health care students and practitioners with an objective of introducing or updating sexually transmitted disease information.

A large proportion of the presentations in the general public and others' category were delivered to students in adult development and life-skills programs.

The review and development of appropriate literature both for health care professionals and the lay public is a function of the education office. Therefore, due to recent public and media interest in herpes genitalis, a pamphlet was prepared and has seen wide distribution.

EDUCATION SESSIONS PRESENTED IN 1980

Type		Number
Schools - Junior High		71
- Senior High		59
College Programs		20
Nursing and Paramedical Education Programs		18
Inservice :	Hospital	13
	Health Unit	9
Health Care Agencies		21
General Public and Others		47
Information Displays		1
Presentations by Medical staff		12
TOTAL		271

Students attending Social Hygiene Clinics for clinical experiences:

- Medical	34
- Nursing	22

